Provider Questions

February 2012

We have heard that there is no flexibility in the adult foster care building blocks for Day Services.

Day services align with the Algo Level of the participant. Budget Review Questionnaires (BRQ) may be submitted for any additional requests.

Could providers receive a list of staff on state level BQIS, BDDS, DDRS and their responsibilities, phone number, and e-mail addresses?

DDRS is currently revising its staff list and will post it to the website in the near future.

Can consumers on the SS, DD, or Autism waiver who have Facility Based Hab (group) do paid work at that facility?

No. Please see Section 10.11 of the DDRS Waiver Manual found at http://www.in.gov/fssa/ddrs/4312.htm. Per the federally approved service definition, only unpaid work experiences are reimbursable under Facility Based Habilitation – Group services.

450B Form

How should a parent or provider fill out the application for long term services, form 45945, if they are interested in applying for group home services? This form is no longer used.

As stated within the DDRS Quarterly Update and during the BDDS Quarterly Provider presentations, both Waiver and SGL require the revised 450B from which is located on the DDRS Forms page and listed as Confirmation of Diagnosis State Form 5427.

For Consumers with multiple doctors with different diagnoses, which doctor needs to fill out the 450B form?

The physician who is able to confirm the qualifying DD diagnosis needs to complete the form.

Is the 450B to be done annually?

No. The Confirmation of Diagnosis (450B) is completed at the time Level of Care (LOC) is evaluated and/ or eligibility is done. For SGL placements, a current 450 B is included any time a new LOC is required, e.g., change of person's status, readmission, or transfer to a new group home.

Physicians are not putting MR diagnosis on the 450B form. Is the consumer going to lose their funding because of this?

Level of Care evaluation requires a confirmation of the qualifying diagnosis. This is a federal requirement and has not changed.

450B: Can the primary diagnosis be filled out and then sent to the physician for signature?

This is left to the discretion of the physician. Whether the physician completes the form or opts to sign a form completed by another party, the physician must be able to confirm the qualifying diagnosis.

Reimbursement

Can you please clarify the policy on reimbursement for participation in IST meetings, specifically in regard to Behavior Support Services?

Reimbursement for participation in IST meetings had been specified as an allowable activity of three therapy services. It was removed as referenced within our DDRS Quarterly Update of January 2012 and at each of our most recent BDDS Quarterly Provider Meetings. It has since been decided to allow this billing to continue and it will be added as an allowable (reimbursable) activity of other services within future waiver amendments.

Billing will be applicable to participation and attendance in scheduled meetings of the IST facilitated by the Case Manager or other designated facilitator. Support provided to the participant during a ***team*** meeting would not also be billable as team participation. Providers must be mindful that all billing related to IST participation impacts the ability of the participant to purchase other necessary services.

CHIO

Case Manager stated that CHIO goal requirements had been changed since Friday Jan. 20th. When do providers find out about changes in services requirements?

Each habilitative service on the service plan needs to be tied to an outcome with service-specific goals. For example, Community Based Habilitation – Individual goals would not be the same as Residential Habilitation and Support goals. This is not a new requirement.

Are the CHIO definitions in the 2011 Waiver Manuals? Case managers vary greatly in interpretation.

Yes, the CHIO definitions are in the 2011 DDRS Waiver Manual. Please reference the manual on the DDRS website under DDRS Waiver Manual 2011

40 Hour Limit

Is the 40 hours combined units only for RHS or can it be used for other services too? Example: can father provide 40 hrs/wk RSH plus brother provide 40 hrs/wk RSPE plus mother provide hrs/wk CHIO?

The 40 hour total applies only to RHS at this time.

- **Can exception be made for rural areas?**

  At this time, exceptions to this requirement are not allowed.

- **Niece and nephew are not listed may they be employed and not become part of 40 hr rule**?

  Nieces and nephews are relatives.

BDDS

What month/year is the State up to for the DD Waiver?

The next dates to be targeted under each waiver are:

- AUW 11/9/99
- DDW 6/4/99
- SSW 3/26/2003

Regarding monthly summaries: In the past monthly summaries were due on the 10th, this handout says the 15th, is that a change in policy?
No, monthly summaries are due on the 15th of the month. Teams previously may have established deadlines of the 10th of the month but this was not policy.

Is it not a requirement to have a physical done annually?
Annual physicals are expected whether the consumer is served under the waiver or in an SGL setting. During the BDDS Quarterly Provider Meetings it was clarified that an individual must still have a physical if entering an SGL although there is no longer a prescribed physical form. A physical is not required for entrance to the waiver.

Is there going to be any chance that budgets might be able to be completely consumer driven? (e.g. use of Day Service Block to create more RHS time, etc.)
The building blocks are not being removed and consumers may continue to choose services within the building blocks.

What is the status of IPMG's case management contract? Will it be renewed, or will there be changes in case management vendor?
The current contract expires in August, 2012. Case management services will offered as a Medicaid Waiver service.

Do providers need to complete a monthly on Respite Services?

No, monthly reports are not required for Respite services.

Why is IMPG requiring all transition items completed before a Notice of Action (NOA) change can be submitted? Setting and meeting set deadlines is important but because of this change you have trained staff/consumers waiting 2-4 weeks because of NOAs.

Vendor changes for transitions are approved within two (2) business days. An NOA cannot be generated for the new provider until all transition requirements are satisfied.

Where can I find the regulations for service providers under state dollars?

Indiana Code-12-11-1.1 . Updated State Line Service Definitions will be available soon on the DDRS Website. If you have specific questions please contact Jeanette Siener at jeanette.siener@fssa.in.gov

Is there a team meeting and questions to answer when a Notice of Action (NOA) is due for renewal to determine of ALGO level will change?

A Budget Review Questionnaire (BRQ) may be requested any time there is a significant change in condition or life.

Where are we with Health Care Coordination policy/definition?

The coordination of health care policy is under review.

The vacancy report states not to report vacancies expected to open in more than 45 days. Does this mean we cannot report upcoming moves and/or receive referrals until a 45 day window of a move?

Anticipated vacancies (beds open for referral) may be reported up to 45 days before the previous individual vacates the bed.

Vocational Rehabilitation Services (VRS)

If a provider feels an individual is ready to move past prevocational services but guardians oppose community employment due to fear of the individual begin taken advantage of or other reasons, how should we proceed with service provisions and creating goals?

In all situations, the Individualized Support Team is expected to work together and gain consensus, keeping the needs and desires of the participant at the forefront. Case Managers and providers are expected to educate participants and families and address any fears or concerns.

Is there a set of benchmarks or milestones that the state DDRS uses to determine appropriateness of prevocational. All agencies use assessments but I have not found a specific set of standers of (when to refer to VR).

No, at this time it is strictly on an individual basis. However, this is part of an ongoing workgroup with VR, BDDS and stakeholders.

Department of Child Services (DCS)

Has DCS agreed to make children "wards"? What about children who are not wards but need and meet LOC for SGL?

Children will not be found to be a Child In Need of Services unless they meet the requirements of the statute. Voluntary placement of minor children outside the parental home is not supported by either agency. The particular MOU in question addresses the placement of minors, who are in DCS care, into DDRS children's group homes.

For kids transitioning from DCS, how is it determined who received a waiver and is placed in a group home? Is it true that there are waiver slots reserved for kids aging out? If an advocate believes group home placement will not meet the needs, what is the appeal process?

The agreement between DCS and DDRS states that BDDS will assist in placement for individuals identified by DCS who are aging out and meet ICF/MR Level of Care. BDDS will seek group home placement when appropriate beds are available. Only a defined number of these individuals will be given a priority waiver slot, the majority will transition to a group home placement. Because only group placement is entitlement and waiver is not, the decision to give a DCS individual group home placement over a wavier is not an appealable decision.

Do families have to go through DCS to get their child placed into a group home?

DCS will be utilizing children's group homes for placement. If parents are unwilling or unable to care for their minor child, they will be referred to DCS and DCS will determine when or if placement outside of the home is appropriate.

Bureau of Quality Improvement Services (BQIS)

How will families be notified of the BQIS complaint hotline?

BQIS has shared the hotline with IPMG case managers and requested that they share this with their teams. The hotline along with information necessary for filing a complaint is located on the BQIS's webpage.

Are we going to get any clarification on reporting reasonable suspicion of crime?
Any reasonable suspicion of a crime should be reported to the local law enforcement agency and to DDRS through a BDDS incident report.

Can we send our hospice referrals/intakes to the Mortality Review Board so they can give us permission to No Code?

No, the Mortality Review Committee does not have the authority to override Indiana Code requirements.